

PART B - FEE(S) TRANSMITTAL

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21186 7590 01/12/2007

SCHWEGMAN, LUNDBERG, WOESSNER & KLUTH, P.A.
 P.O. BOX 2938
 MINNEAPOLIS, MN 55402

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 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

04/13/2007 BABRAHA2 00000039 10801070

01 FC:1501 1400.00 0P

Kathleen Hauser	(Depositor's name)
<i>Kathleen Hauser</i>	(Signature)
April 11, 2007	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/801,070	03/15/2004	Scott J. Healy	279.718US1	1240

TITLE OF INVENTION: CRYPTOGRAPHIC AUTHENTICATION FOR TELEMETRY WITH AN IMPLANTABLE MEDICAL DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	04/12/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS	04/13/2007 BABRAHA2 00000040 10801070
BOCKELMAN, MARK	3766	607-060000	01 FC:1504 02 FC:8001

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Schwegman, Lundberg,
 2 Woessner & Kluth
 3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Cardiac Pacemakers, Inc.

St. Paul, Minnesota

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee
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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date

Typed or printed name David W. Black

Registration No. 42,331

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